



Kentucky Board of Nursing

www.kbn.ky.gov

Compliance Section, Consumer Protection Branch
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Work Performance Evaluation

Participant Name: _____

- ☐ KARE for Nurses Program
☐ Probation

Evaluator Name _____ Title _____

Facility _____ Phone _____

Unit/Department _____ Shift Worked _____

Participants Position _____

Evaluation for the month(s) of _____

Work Habits	Rating Excellent – Poor	Comments
Completes Assignments	5 4 3 2 1	
Handles Complex Tasks	5 4 3 2 1	
Attendance/Punctuality	5 4 3 2 1	

Job Efficiency Rating	Rating Excellent – Poor	Comments
Follows Policies & Procedures	5 4 3 2 1	
Utilizes Problem Solving Ability	5 4 3 2 1	
Manages Stressful Situations	5 4 3 2 1	
Organizes/Plans Work Effectively	5 4 3 2 1	

Thought Process	Rating Excellent – Poor	Comments
Functions Independently	5 4 3 2 1	
Uses Logical Steps in Planning Care	5 4 3 2 1	

Interpersonal Skills	Rating	Comments
	Excellent – Poor	
Works as a Team Member	5 4 3 2 1	
Communicates Effectively	5 4 3 2 1	

Urine Drug Screens/Blood Alcohol Levels	Yes	No
Have screens been performed? (If yes, please attach results.)		
Has any job related behavior warranted requesting a screen? (Explain below)		

Restrictions	Yes	No
Does the nurse have access to controlled substances?		
Does the nurse administer medications? <input type="checkbox"/> Unsupervised <input type="checkbox"/> Only under supervision of a registered nurse or licensed physician		
Does the nurse administer controlled substances? <input type="checkbox"/> Unsupervised <input type="checkbox"/> Only under supervision of a registered nurse or licensed physician		
Is the nurse providing patient care? <input type="checkbox"/> Unsupervised <input type="checkbox"/> Under the supervision of a registered nurse or licensed physician		

Additional Comments:

Supervisor's Signature

Date

12/3/2004
jmc>dc